

Early Administration of Aspirin

Confirmed Acute Myocardial Infarction

➡ NO ➡ Exclude

↓ YES

Transferred in from another hospital/emergency department.
Discharged, expired, or transferred on the day of admission.
Unable to determine pre-arrival setting.

➡ YES ➡ Exclude

↓ NO
(Appropriate for consideration of early
administration of aspirin)

Does the patient have any of the following relative
contraindications for early administration of aspirin?

- Allergy to aspirin
- Bleeding on admission
- History of internal bleeding
- History of peptic ulcer disease
- History of bleeding disorder/coagulopathy
- Chronic liver disease
- Admission platelet count < 100 x 10⁹/L
- Anemia (admission Hct < 30% or admission Hgb < 10 g/dL)
- Admission creatinine > 3 mg/dL
- Treatment with warfarin prior to admission

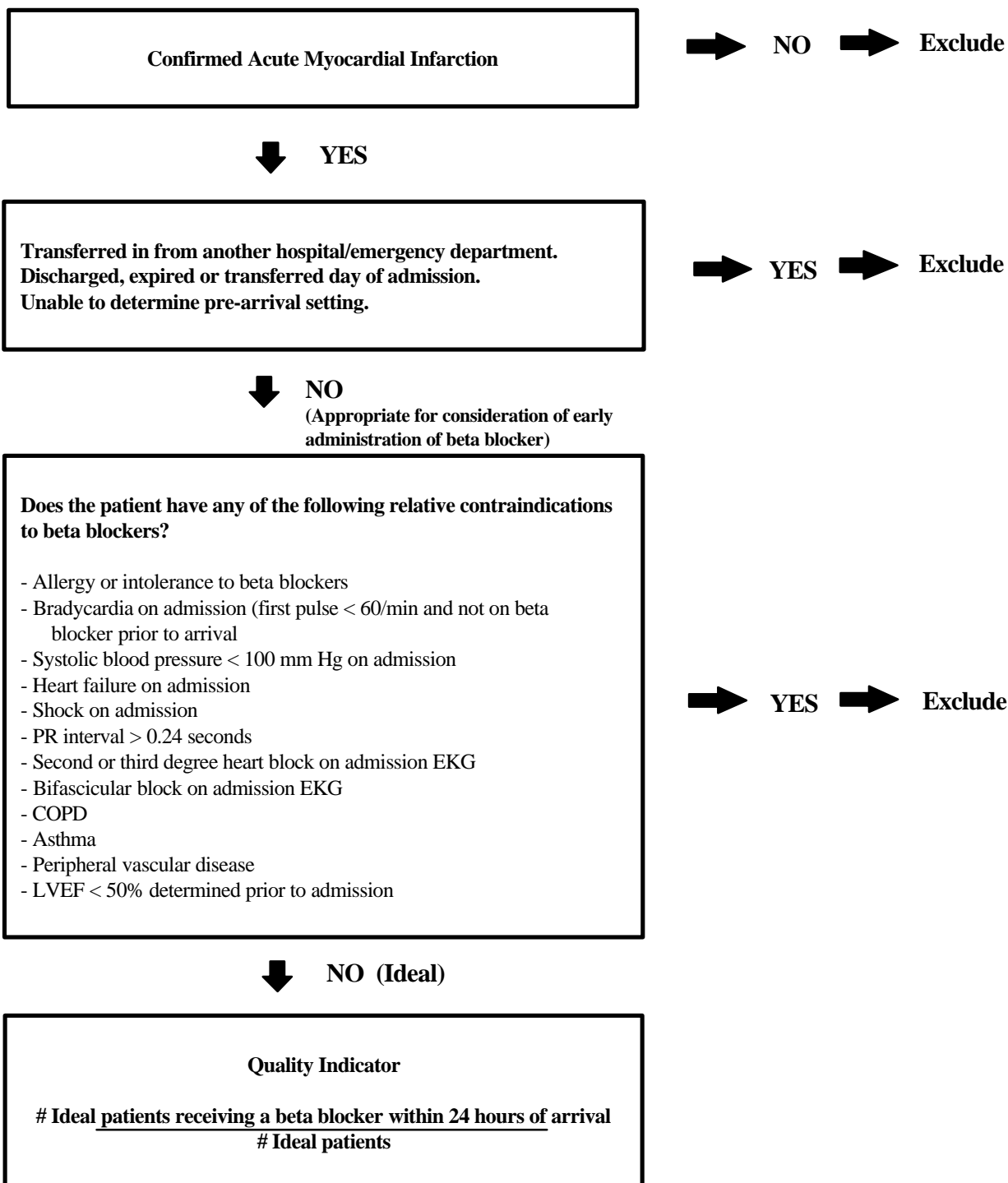
➡ YES ➡ Exclude

↓ NO (Ideal)

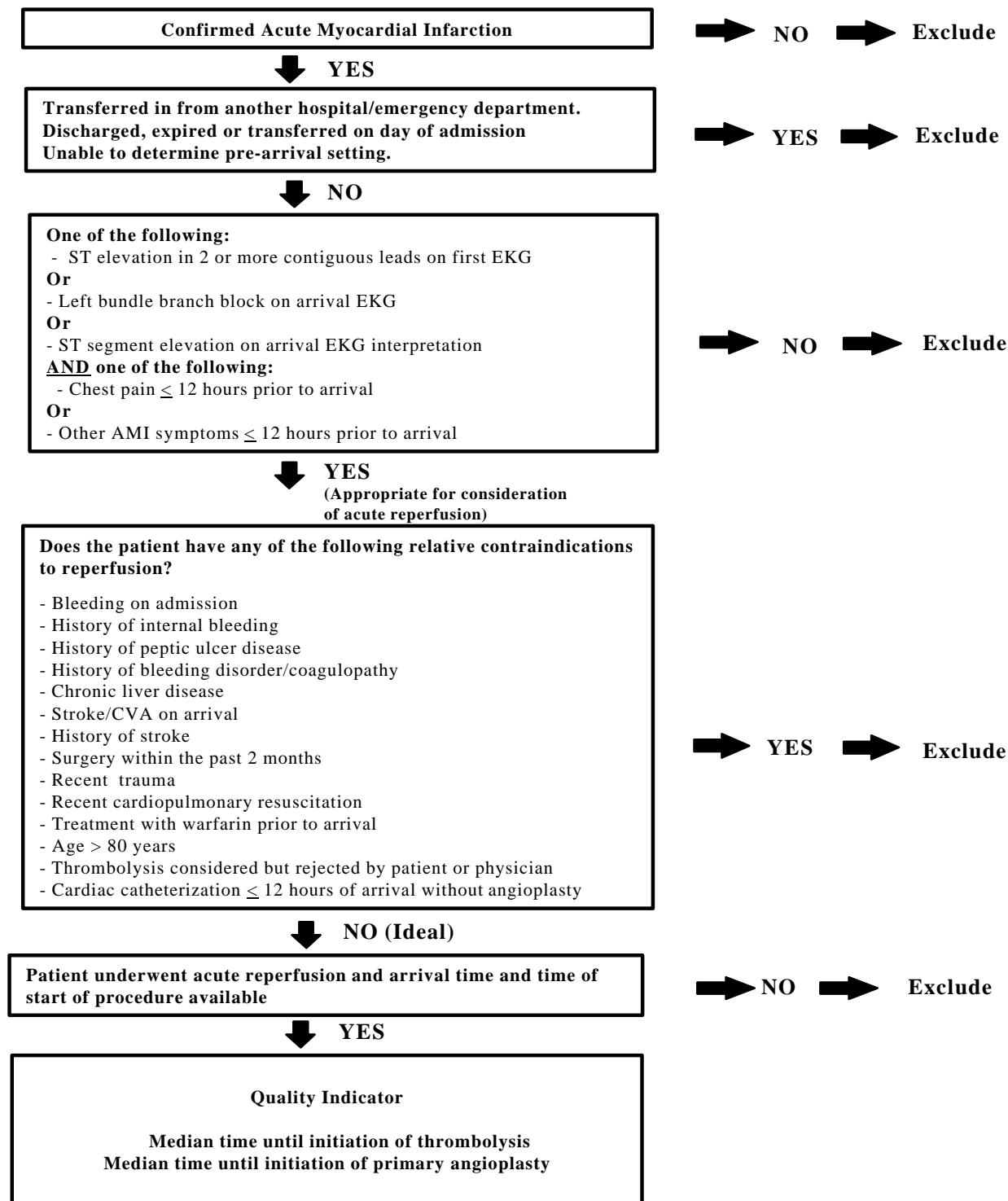
Quality Indicator

Ideal patients receiving aspirin within first 24 hours of arrival
or within 24 hours prior to arrival
Ideal patients

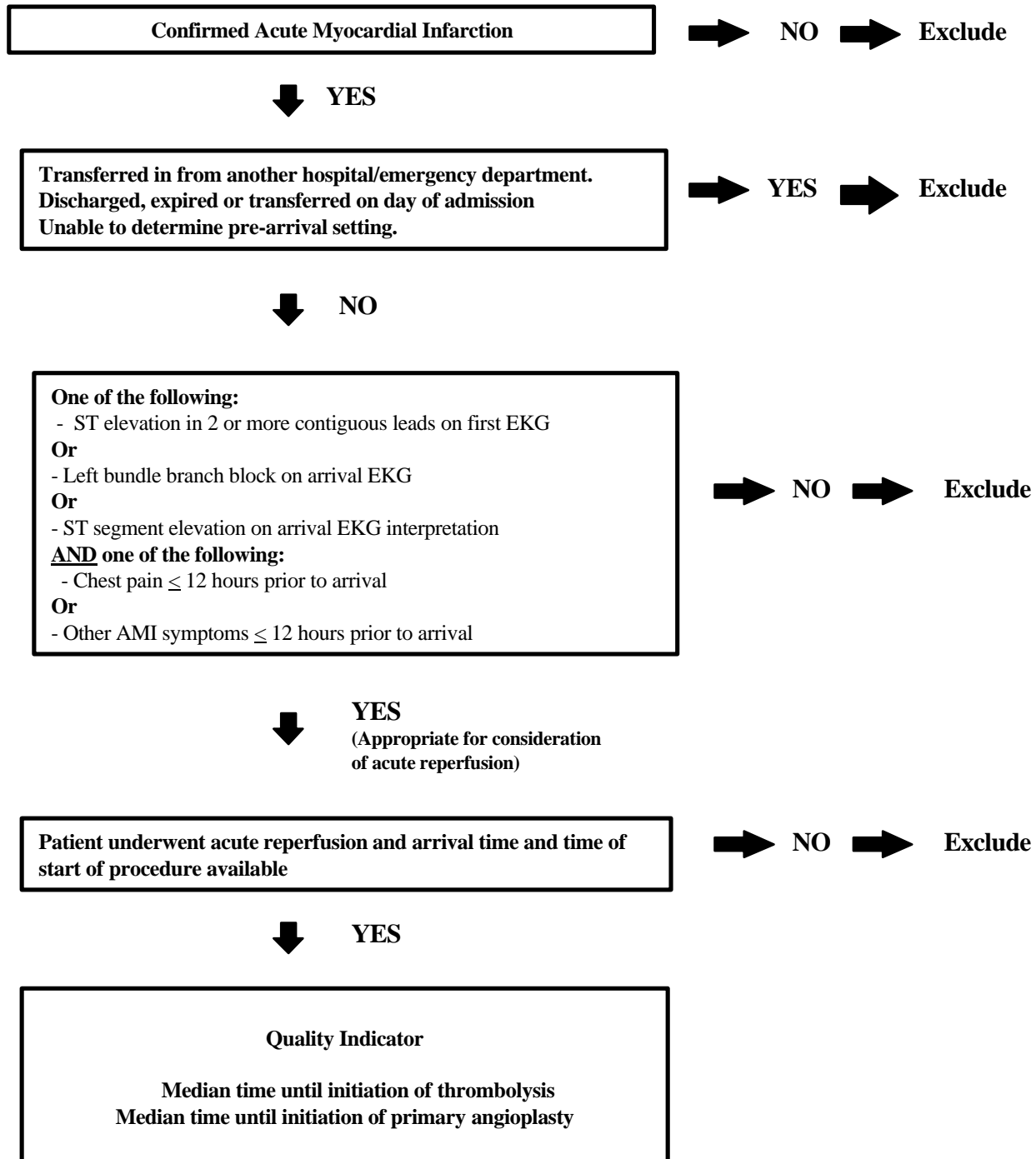
Early Administration of Beta Blocker



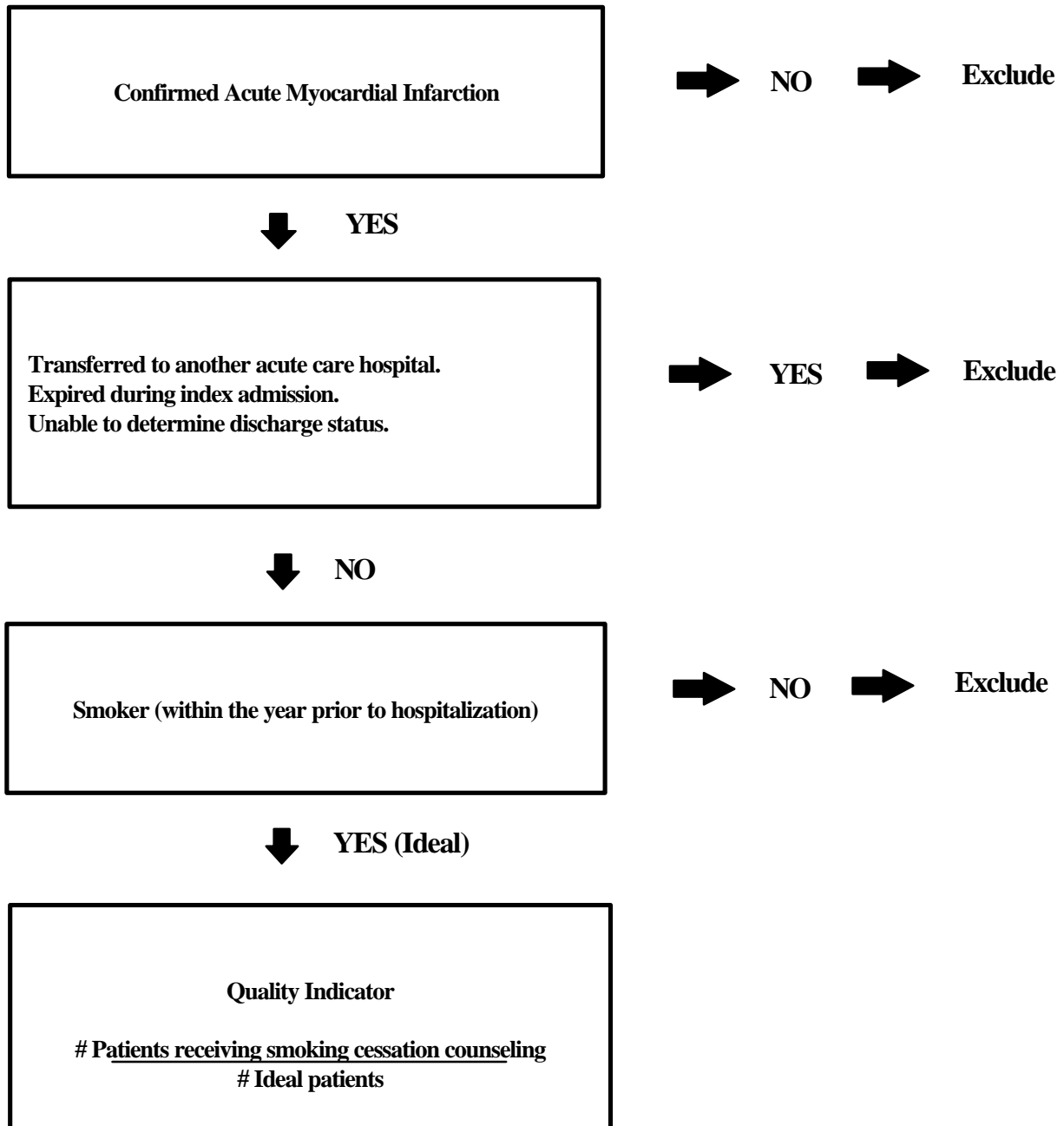
Timely Reperfusion



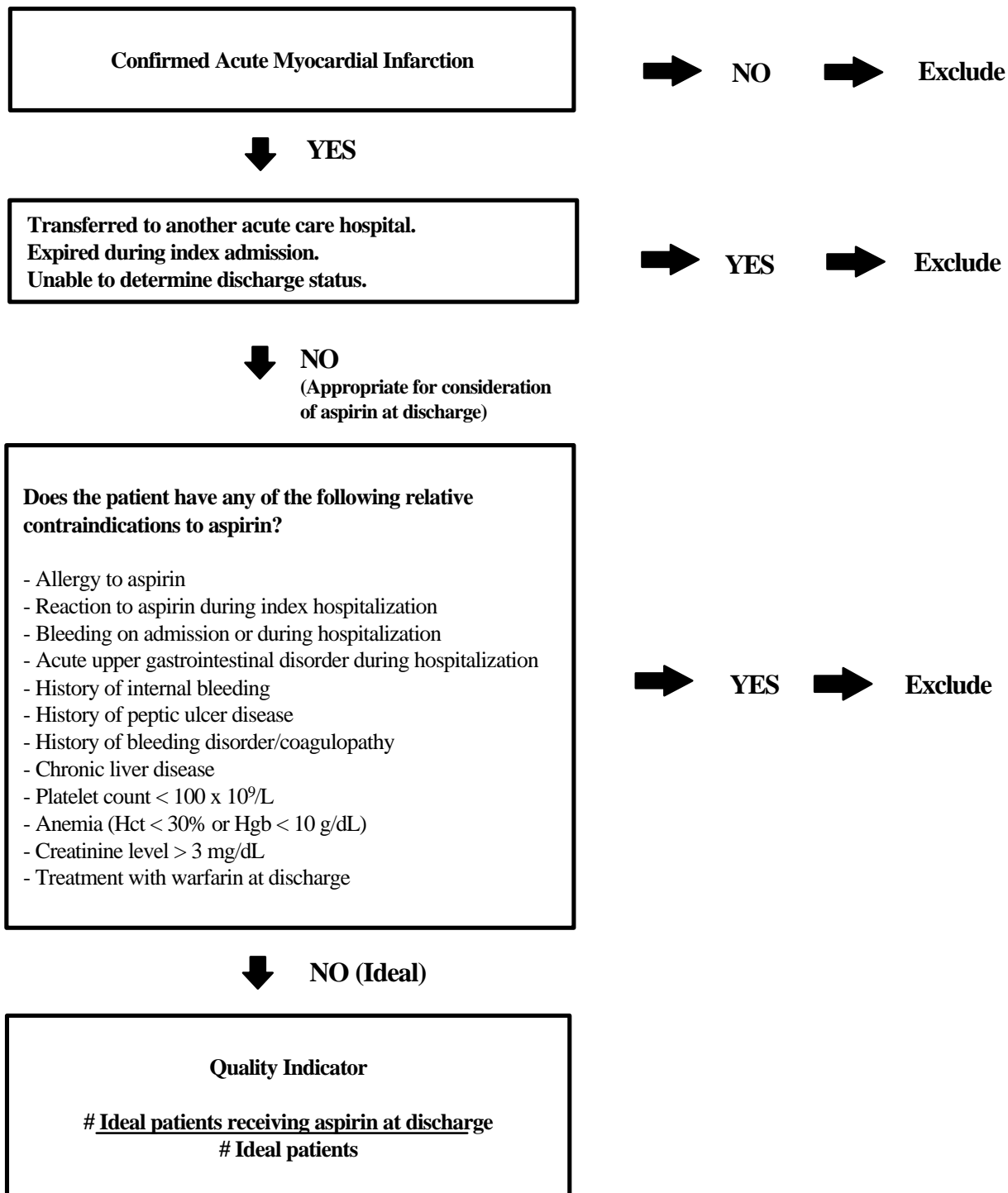
Timely Reperfusion (Alternate Version)



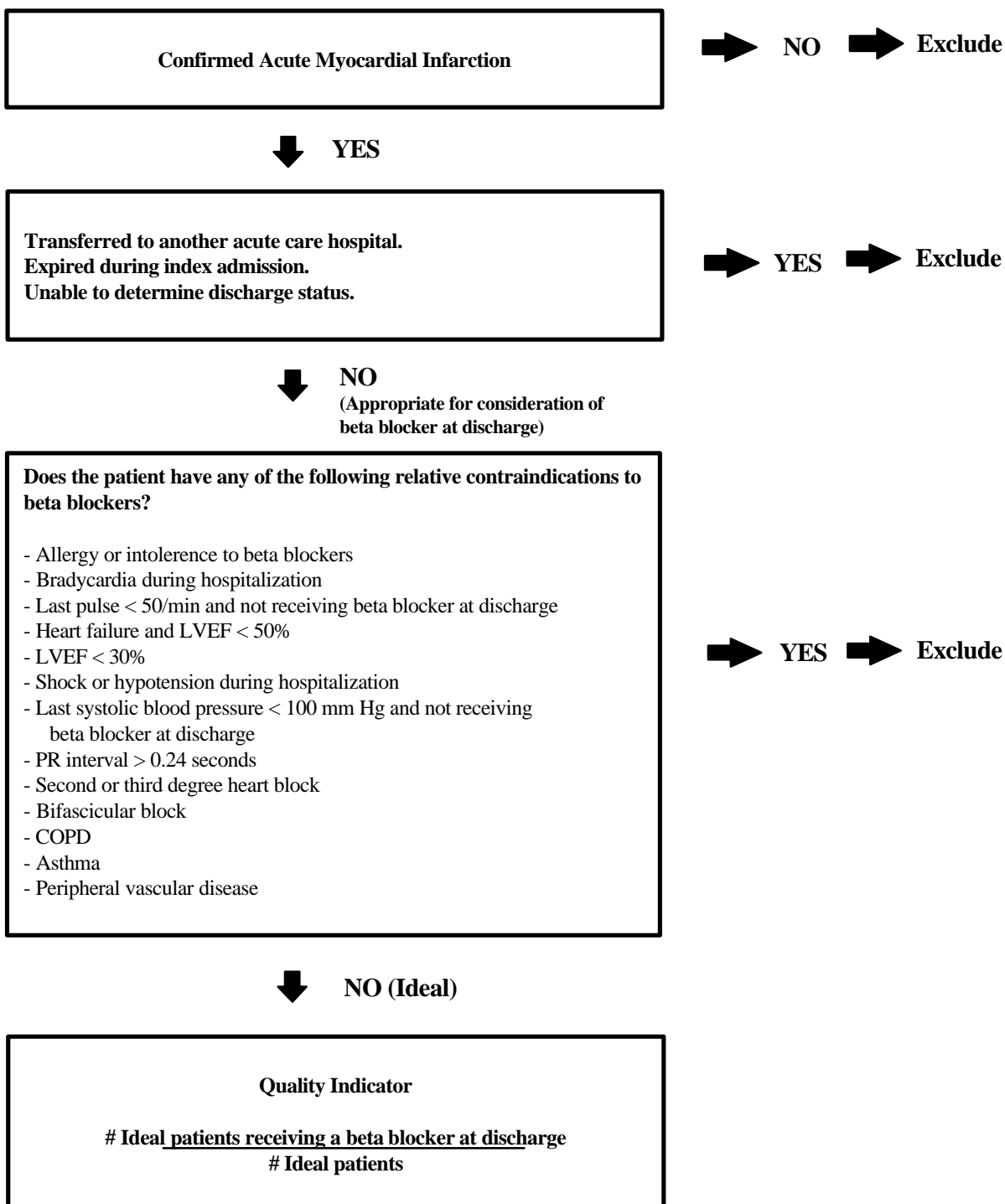
Smoking Cessation Counseling



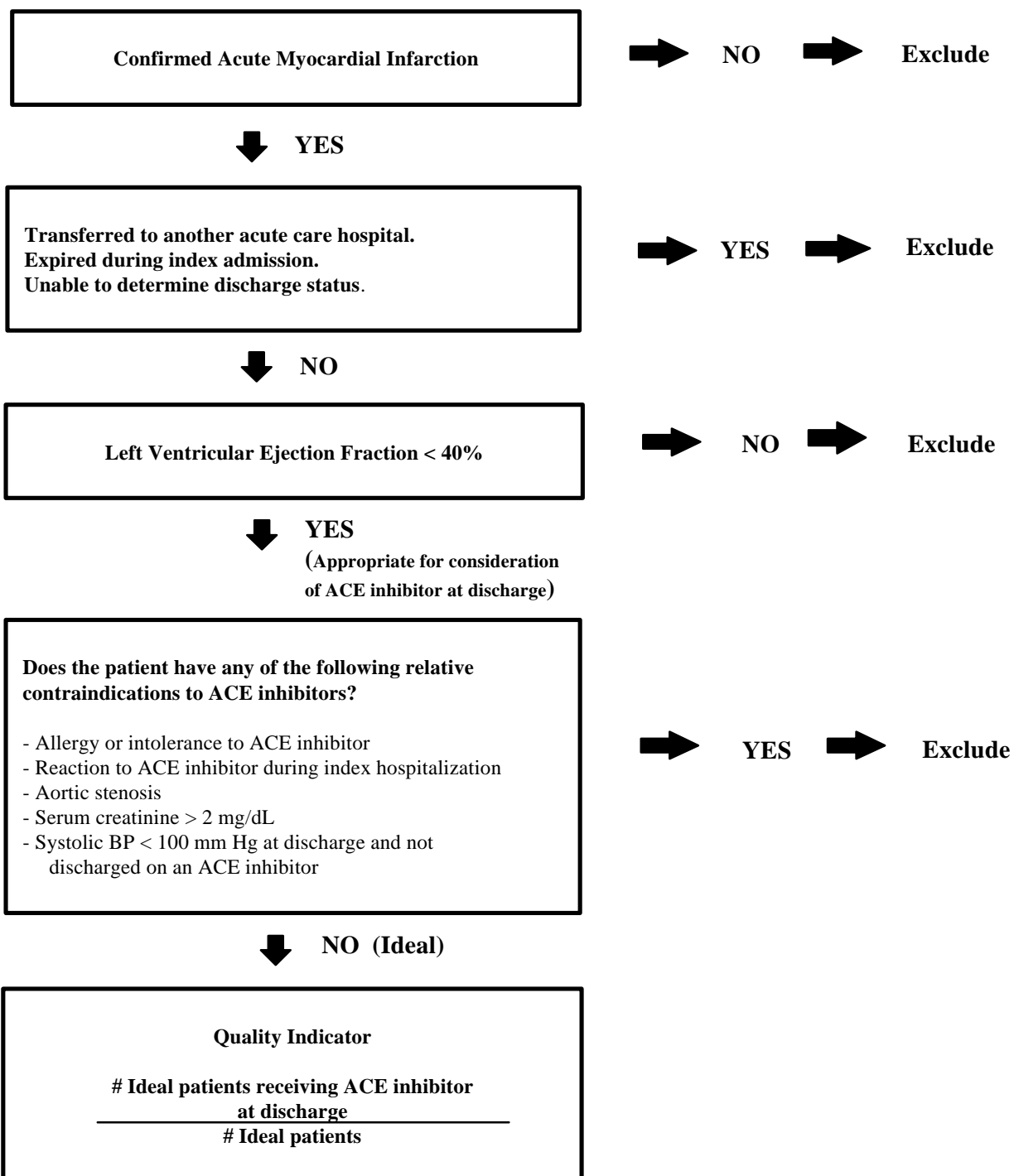
Aspirin at Discharge



Beta Blocker at Discharge



ACE Inhibitor at Discharge for Low LVEF



Beta Blocker at Discharge

